

Testing and Treatment Recommendations for Individuals Exposed to Active TB Disease

Patient	Risk	Initial TST	Additional Exams	If initial and repeat TST is negative	If initial or repeat TST is positive
Child (0-3 years of age)	Able to progress rapidly from primary infection to disseminated disease, including meningitis.	Place a Mantoux method tuberculin skin test (TST) and read in 48-72 hours.	Regardless of TST results, evaluate the child with clinical and CXR exams.	If active disease has been ruled out and the TST, by the Mantoux method, is 0-4mm: <ul style="list-style-type: none"> Start Tx for presumptive LTBI. Repeat TST three months after contact with the infectious patient has ended. If the repeat TST remains 0-4 mm, discontinue Tx. 	If initial or repeat TST is 5 mm or greater and active disease has been ruled out: <ul style="list-style-type: none"> Initiate or continue LTBI Tx If using Isoniazid (INH), the recommended treatment course is 9 months.
Immunocompromised Individual <ul style="list-style-type: none"> HIV-positive persons Patients receiving immunosuppressive therapy (equiv. to $\geq 15\text{mg/day}$ of prednisone for ≥ 1 month) 	Able to rapidly progress from primary infection to disseminated disease. May be unable to develop a positive reaction even if infected.	Place a Mantoux method TST and read in 48-72 hours.	Regardless of TST results, evaluate the patient with clinical and CXR exams.	If active disease has been ruled out, and the TST, by the Mantoux method, is 0-4mm: <ul style="list-style-type: none"> Start Tx for presumptive LTBI. Repeat TST three months after contact with the infectious patient has ended. If the repeat TST remains 0-4 mm, re-evaluate continuation of therapy in consideration of the patient's level of exposure, current immune status, and final results of the suspected source case's evaluation. 	If initial or repeat TST is 5 mm or greater and active disease has been ruled out: <ul style="list-style-type: none"> Initiate or continue LTBI Tx If using Isoniazid (INH), the recommended treatment course is 9 months.
All Other Individuals	Risk of progressing from TB infection to TB disease is high within the first two years after becoming infected.	Place a Mantoux method TST and read in 48-72 hours.	Regardless of TST results, evaluate the patient for any signs or symptoms of TB disease.	If the patient has no signs or symptoms of active TB disease and the TST, by the Mantoux method, is 0-4 mm: <ul style="list-style-type: none"> Tx for presumptive LTBI <i>need not</i> be started. Repeat TST three months after contact with the infectious patient has ended. If the repeat TST remains 0-4 mm, no further action is needed. 	If initial or repeat TST is 5 mm or greater and active disease has been ruled out: <ul style="list-style-type: none"> Evaluate person for LTBI Tx If using Isoniazid (INH), the recommended treatment course is 9 months. Must have a CXR prior to LTBI Tx.
A contact with a documented positive TST prior to current exposure	Reinfection possible, but minimal risk in immunocompetent contacts.	Ensure past TST was intradermal (Mantoux) and $\geq 10\text{mm}$ induration is documented.	Obtain CXR to rule out current disease.	Note: Patient may be a candidate for treatment of LTBI based on pre-existing TB infection, not related to the recent exposure.	

